
COMPLAINTS INVOLVING SUBSTANCE ABUSE

Parental Substance Abuse

Substance use, or the addiction of the parent-caretaker or adult living in the home to alcohol or drugs, does not in and of itself constitute evidence of abuse or neglect of the child. Parents use legally or illegally obtained drugs to varying degrees and many remain able to safely care for their child. If other adults residing in the child's home are using drugs/alcohol, the parent/caretaker's capacity to care for the child and ensure his or her safety and well-being must be evaluated.

Drug and alcohol exposure also includes environmental exposure to drugs and alcohol. For example, cocaine/crack/methamphetamine is being smoked in the home and the children are inhaling the smoke or have access to harmful paraphernalia, drugs or provided alcohol. It may also include exposure to the violent and unsafe environments in which drugs are commonly sold or used.

When parents or caregivers report the use of medical marijuana or prescribed medications which may contain mood-altering properties (including, but not limited to anti-depressants, anti-psychotics, methadone, and pain-killers), the worker must make attempts to confirm this with the medical professional who prescribed them or who validated the medical marijuana card. This **must** occur when alleged substance use/abuse is part of the complaint or if it was identified by the worker during the investigation; see PSM 713-06.

Drug House

Drug house is the term used to describe a dwelling where controlled and/or illegal substances are sold, traded or used and may include the involvement of individuals who are non-members of the family.

The following conditions often exist in a drug house:

- Criminality.
- Loss of household control (individual who controls the drug trade usually controls the environment).

- Unsecured weapons.
- Presence of illegal and/or controlled substances.
- High potential for violence.
- General neglect, such as squalor, lack of food, etc.
- Unmet needs of the child.
- Presence of individuals who endanger the child's welfare.

Approach a reported or known drug house **only** when accompanied by law enforcement and/or other departmental staff. See PSM 712-4-Intake-Minimal Priority Response Criteria for more information on contact standards.

Recognizing that the department lacks the expertise and resources to determine the existence of a drug house, complaints originating from anonymous sources, absent allegations or concerns regarding the child, must be referred to law enforcement for follow-up. If the complaint also alleges neglect or abuse, it must be assigned for investigation and coordinated with law enforcement to the extent possible.

Drug Raids

When law enforcement indicates that a raid has occurred and drugs are being sold from a home where a child resides, a Children's Protective Services (CPS) investigation must be commenced immediately.

It is not uncommon for one or both parents to be arrested during a raid. As a result of the raid, or conditions that existed at the time of the raid, the dwelling may not be safe for the children. In these instances, the worker will assist the parent in securing appropriate shelter for the children, including assisting the parent in making a voluntary placement pending further investigation and implementation of services.

Drug and Alcohol Exposed Infants

The Child Protection Law (CPL), MCL 722.623a, requires mandated reporters who have reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body to make

a complaint of suspected child abuse to CPS. A CPS complaint is not required if the mandated reporter knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment prescribed and/or administered to the mother or the newborn.

CPS must investigate complaints alleging that a newborn has been exposed to alcohol or drugs. At minimum, the investigation must include the following actions:

1. Contact the reporting person.
2. Contact medical staff to determine whether laboratory tests confirm that the newborn has been exposed to alcohol or drugs, and to identify any medical treatment that the child or mother needs.
3. Complete a LEIN, central registry check, and review of MiSACWIS case history to obtain criminal history and any CPS involvement with the parents.
4. Interview the mother and assess the need for a substance abuse referral for treatment.
5. Determine the parent's capacity to provide adequate care of the newborn and other children in the home.

MEDICAL MARIJUANA

If a caregiver produces a validated Medical Marijuana Card from the State of Michigan, the following must occur:

- Verify that the card is valid and current.
- Observe and verify that marijuana plants and any dangerous growing equipment are not accessible to the children in the home and that a safety plan has been developed with family.
- Seek a medical examination of the child(ren) if there is evidence of harmful environmental exposure.
- Assess child safety and the parent's ability to safely care for and protect the child from any harmful effects or marijuana use/growth.

- If an infant is born positive for marijuana and the worker has confirmed that the mother has a validated medical marijuana card, the worker **must** determine the parents' ability to safely care for the child, including siblings.

DRUG DEPENDENCY TREATMENT

When parent's report their use of medically prescribed treatment for drug dependency (such as methadone maintenance) the worker must confirm those prescriptions and/or treatments with the medical professional who prescribed them. The use of substances prescribed or otherwise must be taken into account when assessing child safety as well as the ability to safely parent.

Note: When an infant is born positive due to the mother's adherence to a medically prescribed treatment (for example, methadone maintenance) CPS must verify with the treating physician that the mother followed the treatment program as prescribed. If there is evidence of other drug use, CPS must attempt to determine whether the use of those drugs resulted in infant exposure or serious impairment.

METH- AMPHETAMINE

The Child Protection Law, Section 17, requires that a petition for court jurisdiction be filed within 24 hours of determining a preponderance of evidence exists that a child has been exposed to or had contact with, methamphetamine **production**.

If children were removed from an environment where they were exposed to methamphetamine use or production, transport them to the closest hospital emergency room immediately. Call the hospital prior to the child's arrival and alert them.

Refer to the protocol on the Michigan State Police Website at www.michigan.gov/msp; **MICHIGAN DRUG ENDANGERED CHILDREN (DEC) RESPONSE PROTOCOL**.

This response protocol is a guide for managing the safety issues of children who are found in drug labs and/or homes, and protocol guidance should be followed.

**REACHING
DISPOSITION**

A preponderance of evidence must be found if there are medical findings that the infant has alcohol, a controlled substance, or a metabolite of a controlled substance, in his or her body **which are not due to medical treatment the infant or mother received**. Complaints must be confirmed if a medical opinion confirms that the infant suffers from the effects of drug exposure which are **not due to medical treatment the infant or mother received**.

Note: Medical marijuana and Medical Assisted Treatment (such as methadone maintenance) are considered medical treatment. Workers must evaluate the caregiver's ability to safely care for their child while following their medical treatment.

Confirmed complaints of drug- or alcohol-exposed infants must be classified as physical abuse, Category I, II, or III (based on the risk assessment).

Note: In confirmed complaints in which the infant requires medical treatment or hospitalization to treat symptoms resulting from the drug/alcohol exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours under the CPL (MCL 722.637). See PSM 715-3-Family Court: Petitions, Hearings and Court Orders for more information.

Services must be coordinated, as appropriate, with medical personnel, maternal infant health program and substance abuse assessment and treatment providers.

Early On®

Children age 0 to 3 suspected of, or with confirmed prenatal substance exposure and/or developmental delay must be referred to *Early On®*; see PSM 714-1-Post-Investigative Services.